

Web: www.state.nj.us/military/fiscal/accounting.html

Mail To:

NJ Dept. of Military & Veterans Affairs

Fiscal Division-A

P.O. Box 340

Trenton, NJ 08625-0340

TOLL REIMBURSEMENT - NATIONAL GUARD

Total Amount

FY	FUND	AGCY	ORGN	APU	ACTV	OBJT	TV Number
	100	067			PNGS	3010	

NAME AND ADDRESS OF NATIONAL GUARD PERSON		Social Security Number	
Name/ Street/ City/ State/ Zip Code			
		<p>Do you have Direct Deposit with the State of NJ for Travel? YES_____ NO_____</p>	
NAME AND ADDRESS OF UNIT OF ASSIGNMENT			
		<p>This Toll Reimburement is for active National Guard members while on any training or activation status. It covers all New Jersey toll roads only.</p>	

DATE	Description of Travel Point to Point (from xxx to xxx)	TOLLS		
		via Cash	via EZPASS	
		\$ -	\$ -	

NATIONAL GUARD PERSON CERTIFICATION I CERTIFY that the above expenses are correct in all respects; that the tolls showed are true and that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the State. I have not or will not seek any federal reimbursement of tolls submitted to the State of NJ. I also CERTIFY that on the date(s) when the above items of expense were incurred the vehicle I was using on National Guard business was covered by liability insurance aas follows:		\$ _____ -	
Insurance Co. _____ Coverage _____ Signature _____ Military Position _____		UNIT COMMANDER OR REPRESENTATIVE _____ SIGNATURE / DATE	
		APPROVED: For Fiscal Division USE ONLY	
		(AUTHORIZED SIGNATURE)	
		Approval Officer/ _____ DATE _____	

ATTACH ORIGINAL RECEIPTS or EZ PASS STATEMENT WITH HIGHLIGHTED CHARGES